



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 5336

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|--|---|--|--|---------------------------|--------------------------------|--|
| 10/029,848 | 12/31/2001 | 349 | 2629 | 041501-5682 | | |
| RULE | | | | | | |
| APPLICANTS Jae Hyung Lee, Kyoungsangbuk-do, KOREA, REPUBLIC OF; Hyong Yerl Park, Kyoungsangbuk-do, KOREA, REPUBLIC OF; Hyun Il Shin, Kyoungsangbuk-do, KOREA, REPUBLIC OF; | | | | | | |
| ** CONTINUING DATA ***** | | | | | | |
| ** FOREIGN APPLICATIONS ***** REPUBLIC OF KOREA P2001-31795 06/07/2001 REPUBLIC OF KOREA P2001-64059 10/17/2001 | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/30/2002 | | | | | | |
| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY KOREA, REPUBLIC OF | SHEETS DRAWINGS 16 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 2 | |
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Met after Allowance |
| Verified and | /SRILAKSHMI K KUMAR/ | | | | | |
| Acknowledged | Examiner's Signature | | | | | |
| ADDRESS MORGAN LEWIS & BOCKIUS LLP 1111 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004 UNITED STATES | | | | | | |
| TITLE Liquid crystal display with 2-port data polarity inverter and method of driving the same | | | | | | |
| FILING FEE RECEIVED 740 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees | | | |
| | | | <input type="checkbox"/> 1.16 Fees (Filing) | | | |
| | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | | |
| | | | <input type="checkbox"/> 1.18 Fees (Issue) | | | |
| | | | <input type="checkbox"/> Other _____ | | | |
| | | | <input type="checkbox"/> Credit | | | |